THE

MEDICAL AND SURGICAL REPORTER.

No. 428.] PHILADELPHIA, MAY 13, 1865. [Vol. XII.—No. 31.

Original Department.

Communications.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Surgeons.

By Sam'l W. Francis, M. D.,

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No. 9.

John Swinburne.

John Swinburne, the ninth child of Peter and Artemesia Swinburne, was born in the year 1823. Both parents were of eastern origin. His father came from one of the ancient Anglo-Saxon families, and his mother was a native of Connecticut. They settled in the northern part of the State of New York, which, at that early date, was one vast wilderness. John had six brothers and four sisters; the latter are now dead.

His father dying when he was a child, was the indirect cause of his being thrown more on his own resources than is generally the case, a circumstance which has probably done more to bring out latent qualities than perhaps all the fostering care of an indulgent parent might have accomplished through years of unceasing devotion. From a youth he attended the county district school, until he attained the age of twenty-one, when, being compelled to assist in supporting his mother's numerous family, he gave instruction to several pupils, and likewise entered the Academy at Denmark and at Lawville, Lewis county, subsequently studying at Fairfield, Herkimer county.

In the spring of 1843, young Swinburne became interested in the healing art, and read medicine with one qualified in many respects to teach. At the same time, he became indoctrinated in the knowledge of chemical lore, under the direct supervision of Professor Mather, of this State. In the autumn of 1844, he formally entered the office of Professor Armsby, of Albany, who superintended his medical instruction till his graduation.

During the first years of Dr. Swinburne's residence in Albany, he devoted all his leisure time to the practical investigation of anatomy, and the careful preparation of many specimens of great utility in the demonstration of the anatomy of relation. About this time, however, the doctor was prostrated by a severe attack of pleurisy, which terminated in effusion, from the evil effects of which he has never recovered. Zealously fascinated with his favorite pursuit, the doctor did not scruple to dissect the human body, though associated with the strongest prejudice of opposing residents. Adventures of a startling character might be unfolded to the interested M. D. of the present day, who has only to pay down a few dollars and obtain every accommodation for the careful study of the protected cadaver. The past few years, by means of superior charts, chemical analysis, and microscopic anatomy, have laid bare to view the hidden depths of important certitudes, that in older times required the persistent perseverance of continued years.

On being graduated, Dr. Swinburne retired to the country, the better to restore his health, and, at the same time, pursue his professional calling. In a short time, he was called to fill the place of demonstrator of anatomy in his Alma Mater, and continued in that capacity for three years, at the end of which time, he devoted most of his energies to the charge of a private anatomical department, where pupils continued to attend till the year 1851. The skeleton of the celebrated Dr. Edson, who for a period of years was exhibited on account of his attenuated abnegation of flesh, was prepared by Dr. Swinburne for the Anatomical Museum at Albany.

Soon after, the doctor was appointed Almshouse Physician, where he attended eight hundred cases of ship fever in one year, with a mortality of only fifteen per cent. He was himself attacked with this insidious disease, and recovered after a long and severe illness. So general was this epidemic that his deputy was taken ill, died, and was buried, while the doctor was still unconscious.

At the breaking out of the present war, Dr. Swinburne was called to take charge of all the sick at the Post in Albany. This was no sinecure; for

the victims of disease increased so rapidly in number, and the government, at the time, was so unprepared to accommodate them, that many, who might otherwise have been rescued from the jaws of death, were carried off by pneumonia, pleurisy, diphtheria, etc. During the space of three months, he treated nearly fifteen hundred patients, with a mortality of twelve per cent.

Dr. Swinburne lent efficient aid in not a few engagements on the battle field, during the generalship of George B. McClellan. He endeavored, in no slight degree, to improve our present appliances for the purpose of expediting treatment, and permanently curing the disabled soldier. The results of some of his practical observations have been published in a neat pamphlet, and will prove instructive to those who lack experience under certain difficulties, or when surrounded by peculiar contingencies.

When in charge of U. S. Army Hospital, at Savage's Station, Virginia, he displayed great executive ability, excellent resources, and indefatigable energy. Dr. Swinburne has been ordered five times to the field, under special commission from the Governor of the State. Four of these visits were in the capacity of the State's representative.

Dr. Swinburne's first official visit was paid to the Peninsula, in the spring of 1862, when, to use the words of another, "he assisted in the surgical department after the battles of Williamsburgh and West Point. He was one of the eight surgeons who organized the hospital at White House, and continued to labor there until relieved by contract-surgeons, when he went to Savage's Station, where he remained until after the battle of Fair Oaks, and the last wounded man was removed." His report on these battles, and the wounded soldiery, induced Governor Morgan to appoint him Superintendent of the New York State troops. Subsequently, he was the means of preparing an asylum for twenty-five hundred patients in Virginia. After General McClellan's retreat, his supplies being cut off from the wounded and dying, on the borders of the James River, and being in an enemy's country, his situation became embarrassing in the last degree, but wise forethought and determined energy saved many lives and sustained the doctor, although the neighboring country had been entirely ravaged. Though offered his freedom by the enemy, Dr. Swinburne preferred to remain with his patients, and did so. On his return, the Surgeon-General of the United States Army, at Washington, and also the Surgeon-General of the State, officially complimented him on his past efficiency and honorable patriotism.

After the second battle of Bull Run and Fredericksburgh, he went down to the field again, and rendered all the aid in his power. This sacrificing one's general and private practice to the Union cause, is worthy of honorable mention.

Dr. Swinburne was recently elected Health Officer of the port of New York, at Quarantine, where he is now stationed. This is a most responsible position, and one where it is in the power of the head physician to alleviate troubles, protect the sick, and, above all, to secure the city from the incoming of foreign pestilences, which, in the hotter summer months, might decimate a city, and depopulate a village.

Doctor Swinburne was nominated for Health Officer, etc., by a Democratic Governor, and unanimously confirmed by the Senate. His official report on Quarantine History is exceedingly comprehensive, and was published by the Assembly.* He suggested having large warehouses in the upper and lower bay, for the purpose of protecting passengers who have been exposed to small-pox, etc., during the period of incubation. Dr. Swinburne has also labored hard to have a law established to prevent "runners" from boarding vessels before their permits were delivered to the Mayor of New York, Brooklyn, etc. This was passed, and will be the means of saving the spreading of a vast amount of disease, to say nothing of the additional security obtained for that hardy race of abused humanity—the sailor.

Dr. Swinburne's papers, etc., are as follows:

1. An Address delivered before the County Medical Society of Albany, in 1849. Published in the Transactions of the Medical Society of New York. 1850.

   This paper was written to show the identity of the various forms of Erysipelas, Peritonitis, Phlebitis, etc.

2. Treatment of Fracture of the Femur by simple extension. Published in Transactions of the Medical Society of State of New York. 1859.

3. Introduction of Air into the Uterine Veins, during criminal Abortion, with flexible catheter.

   Dr. Dalton says that this is the only authentic case on record. The abortionist afterwards acknowledged that he had employed this method.

4. Two cases of extra Uterine Pregnancy. Published in Trans. N. Y. State Medical Society. 1860.

5. Reduction of the Humerus, after five months neglect.

* Doc. No. 1, 1865.

6. Exsection of the Fibula.
7. Reduction of old-standing Dislocations.
8. Reduction of Humerus, after eighteen weeks delay.
9. Treatment of Fractures of the long bones. 1861.
10. Treatment of Fractures in and near the Elbow-joint. 1861.
11. Poisoning by Aconite: Trial of John Hendrickson. 1862.
12. Review of the Budge case. Murder or Suicide? 1862.
13. Report on the Peninsular Campaign. Surgical Experience. 1863.
11. Compound and Comminuted Gunshot Fractures of the Thigh, and Means for their Transportation. 1864.

A Case of Sacculated Aneurism: Ligation of the Common Carotid—Death from Hemorrhage.

Under the Care of Z. W. Scriven, M. D.,

Of Long Branch, N. J.

Reported by Mr. J. E. Cooper, Medical Student.

A young man, aged 27, returned from the army on the 14th of March, 1865, and immediately sickened with congestive fever. On the 22d, eight days after, tumors appeared under each ear, and on the 28th were opened, and discharged pus freely. Simultaneously with these, abscesses appeared in other parts of the body, which were opened, discharged pus, and gave no further trouble. But on the 5th of April, the tumor under the left ear began to increase, harden, and stopped discharging. April 8th, pulsation was discovered in the tumor, which increased and became very distinct on the 10th. On the 13th, Dr. Scriven became fully satisfied as to the nature of the tumor. Thursday evening, I called with Dr. Scriven to see the case. The tumor at that time was about the size of a hen's egg, situated over and posterior to the angle of the jaw. Dr. Scriven, upon examination, finding the skin to be very tense, was fearful of its sloughing, and thus bleeding the patient to death. Two surgeons were called to consider the propriety of performing the operation of ligating the common carotid artery. They opposed it for the time, but decided to meet on the following morning with others for reconsideration. Friday morning, 14th, at 11 o'clock, the case was consulted on, but fearing the patient was too much prostrated to undergo the operation, decided not to perform it. I remained with him during the night. At 12½ A. M. the tumor burst in two places, but I succeeded in arresting much flow of blood; the loss being about one pint. This being the first blood he had lost, the effect on him was but slight. Saturday, 13th, Dr. Scriven called, and upon examination, decided, with the consent of the patient, to perform the operation. He willingly consented, and between 1 and 2 P. M. Dr. Scriven performed the operation with good success. The loss of blood did not exceed half a teacup full. The patient was in good spirits, and doing finely. Saturday night, ten hours after the operation was performed, the tumor (fed by a recurrent circulation from the communicating arteries in the scull) began to bleed furiously, and we did not succeed in arresting it until it had bled somewhere about one quart.

This, taking into consideration his weakness and the previous loss of blood, prostrated him, and he hung between life and death. But by a free use of stimulants he rallied. Sunday, 16th, he was very weak, but with stimulants and his excellent appetite, he gained strength rapidly. That night rested well. Monday about the same. Tuesday, Dr. Scriven laid open the tumor. Within, the tumor was filled with coagulum; and the sac being removed, the artery could be seen very distinctly. The patient remained about the same until Friday night, 21st, when, at 1 A. M., the external carotid leading to the tumor began to bleed freely, and there being no one present but the family, the hemorrhage was not stopped until it had bled about one quart. The sac was so near the maxillary branch of the external carotid, that the coagulum formed being so short, the pressure of blood passing to this maxillary branch was so great as to expel it. That hemorrhage in his emaciated condition was too great; and he never recovered from the effect of the loss. It was with the utmost difficulty that life could be kept in him at the time, but his determination to live, and good courage, brought him through. Sunday, 23d, he was very feeble, and his appetite, which until Friday had been excellent, and had been the principal means of keeping him alive, had failed to a certain degree. Sunday night, 8½ P. M., the artery began to bleed, but it was arrested before it had discharged more than four ounces. But he had already lost so much by hemorrhage that but a small additional loss of blood endangered his life; he became very much agitated, and for two hours he hung upon the brink of death.

During that night, Monday, and Monday night, he was very feeble, and at times fainty. His pulse was very weak, and respiration short and hurried. Tuesday morning, 25th, he had a fainting spell about 10 A. M. and it lasted until 11 A. M. From 11 A. M. to 4 P. M. he laid in a

state of coma, and died merely from exhaustion. This was a case of true aneurism, the internal coat of the artery being ruptured by the action of inflammation resulting from the abscess.

Hospital Reports.

Pennsylvania Hospital,
April 1, 1865.

Medical Clinic of Dr. J. M. Da Costa.

Reported by C. R. Morgan, Medical Student.

Case of Clot in Left Corpus Striatum.

J. K., æt. 27, answers for himself this morning. It was a case of clot in the left corpus striatum, and in the left thalamus. The patient was shown to you ten days ago. On his admission into the hospital, he was paralyzed, unable to move or articulate, with sensation absent entirely in the right side of the body.

To-day, he walks into the clinic without assistance, thereby proving that his muscles have regained their vigor. He has still a very slight want of elasticity on the right side. You perceive, if you watch him closely, that there is not so much spring in the movements of the right leg as in his left; beyond that we find nothing abnormal. He has almost perfect power in his right arm, he can nearly move it up to his head, and sensation has returned.

Thus, then, we can make this report—that in ten days from the time you saw him, movements in the lower extremities have almost entirely returned, also in the right upper extremity, though there is still some want of power in the deltoid muscle; that sensation is reëstablished; that the tongue no longer deviates; that he still has slight paralysis of the face,—for you perceive that the right side of the face is not as moveable as the left; and that, therefore, he is almost fully over his attack. Thus you see our diagnosis of the existence of a clot is fully confirmed. If the case had been one of softening, you would not have had this improvement. Our treatment consisted of free purgation, with leeching, and a blister to the back part of the neck, with ten-grain doses of the iodide of potassium, three times a day. We will keep up the iodide of potash a few days more, when further treatment will be unnecessary. He must, however, of course, be careful of himself, for some time, avoiding everything which tends to congest the brain.

Rheumatic Paralysis affecting the Deltoid Muscle.

M. Mc.B., æt. 33. This is a patient whom you have not seen before. Admitted into the house on the 25th of the month. He gives us this history: That he was taken sick two months ago, with pain and swelling in both arms and shoulders, losing the use of both arms at that time, but has since wholly regained their use. We, therefore, think he had at that time, an attack of rheumatism mainly confined to the shoulder-joint, with loss of power in both arms. About a week since, after having been exposed to damp and cold, he had a second attack of rheumatism, at night, and again he lost the use of his arms, or rather this time only of his right arm. He is much in the same condition now as he must have been two weeks ago,—that is, taking his own statement. He complains further, of great pain in the left side of the chest, and you perceive that its lower portion is painful to the touch. We have also found, that in this region, though the pain is increased by pressure, it is not so much increased by the movements of the patient himself, but most unquestionably by pressure. Then you perceive that his right arm hangs against his body almost powerless. But, let us investigate and see whether this appearance of want of power is real, or whether it is deceptive, and how complete it is.

(Dr. Da Costa.) Lift up your arm. (Patient attempts to do so.) You see he has some slight motion in his arm. Lift it up again. (He again slightly moved it.) Take hold of my arm, and shake it firmly. (He does so.) He gave me a firm grasp. This, then, gentlemen, is a curious form of paralysis—here is a man who is able to give me a firm grasp, and yet is unable to raise his arm. You will still perceive that he can flex and extend his arm. Now, where can the trouble be? it surely cannot be a general trouble, it must be a local trouble. And, following up the muscles of the arm, let us see where the disorder lies. Note this, as soon as I cause the deltoid to move, there is pain. He cannot raise his elbow. There is, then, a paralysis of the deltoid, and if I may use the expression, a painful paralysis. These are the main phenomena of the case as far as the apparent paralysis extends. Now, let us look at this man's face; it is pale, and shows an insufficient amount of red blood. Tongue is rather pale, his lips are pale, his pulse about 110; and the heart-action feeble. There is no swelling of the feet. His urine has been examined; it is of a sp. gr. of 1016, and of highly acid reaction. Now, what have we here? A case of paralysis, if you like, but a very local paralysis, for, surely there cannot be much paralysis in a man who is able to give you a hearty grasp of the hand. Now, gentlemen, I told you, on a former

occasion, of the use of electricity in the diagnosis of such cases. Let us here apply the current to a group of muscles, and see how they react under the galvanic stimulus: we apply localized electricity, the same as before.

What strikes us in placing the conductors is, that the deltoid is painful to the touch, also that this left side is not so firm or well developed as the right, and is softer to the touch. (Applies local electricity.) Make a note—there is no impairment of the muscular contractility in the deltoid muscle, over which I am now localizing the current. So, too, in the biceps, in the triceps, in the pectoralis major, in the muscles of the back, in the shoulder-joint, in fact, I do not find a single muscle which shows any alteration under the electric current. The value of this we will now discuss.

Well, then, gentlemen, here is our case of local paralysis, for such we have fixed it to be, affecting mainly the deltoid. The qustion is, what has caused this, and what the prognosis should be. Let us fix the evidence of local paralysis so as to be beyond dispute. You have already seen what movements he can execute. What does it mean that we have found the muscle act? It means that the muscle has the power of contracting unimpaired, and it shows that this muscle is not diseased, or, rather, that the muscle is not impaired in consequence of some spinal lesion. If there had been softening of the spine in the route of the nerves at their commencement, the deltoid muscle then would have remained perfectly impassive as you applied the stimulus ever so strongly. Thus, then we have the evidence that the spinal column is sound, from the fact that the muscle responds so well to electricity. It is true that in case of paralysis from brain lesion, you might have local paralysis. This man has no brain lesion, his intellect is good, his tongue does not deviate on protrusion; in fact, there is not the first sign of the local palsy, being the beginning of a paralysis due to a lesion of the brain. Hence the electric test shows that it is not spinal, and the general symptoms that it is not cerebral. We thus again say it is a local paralysis.

One thing more; is this paralysis due to change in the muscle itself? That is a point always to be considered. For instance, I have seen a case in which almost every muscle of the body had undergone degeneration, and at one time, of course the degeneration commenced in a group of muscles, before it was so general. You may have such a thing as muscular atrophy, or muscular degeneration with loss of power, and here, again, the electric test comes into use. In this case, the muscles respond feebly; here, then, the evidence is that the local paralysis is neither due to the morbid state of the brain and the nerves supplying this muscle, nor is it due to the degenerated muscle itself. It is purely local, and the result of a rheumatic poison. In other words, this is one of those rare cases, rheumatic paralysis. The paralysis in the first seisure, was in both *arms*. Probably it was the same form as this, but yet he rapidly recovered from it. This is one of the distinguishing features—that, occurring, as it does, in a person who is subject to rheumatism, as this man unquestionably is, it comes on suddenly and disappears before long. In some instances, the paralysis is confined to the face. The man goes to bed well, he wakes up in the morning and finds his face paralyzed on one side, he has no brain symptoms, his urine is highly acid, he becomes alarmed, he consults his physician, who tells him it is one of the consequences of the rheumatic poison, and in a few weeks he will be well. There, then, you have in this sudden appearance and rapid disappearance, one of the main distinguishing features of rheumatic paralysis.

Note another point, that this palsy is very local, it affects one muscle or a group of muscles. Here the deltoid muscle alone is affected. Thus, then, gentlemen, I have taken the occasion to speak of this as rheumatic palsy, my diagnosis being based on the history of the case, and the want of any signs which would prove it a muscular, cerebral, or spinal lesion. You might infer that the prognosis is favorable. These cases all recover generally rapidly, but you must bear this in mind—that, although I have told you that they are clearly due to a rheumatic poison, I must also tell you that, in the majority of instances, it is the rheumatic poison acting in debilitated or overworked persons.

First, therefore, the rheumatic state is the predisposing element. But it takes an amount of exhaustion to cause the palsy to be developed. This man is clearly anæmic. His tongue, his lips, the feeble pulse, prove that his case is no exception to the general rule laid down.

Now comes the question, what treatment will benefit this patient. Of course, you will say a tonic treatment. Taking into consideration the remarks I have just made, you will say that he should take iron or quinine. Well, he is taking fifteen drops of the syrup of the iodide of iron, three times a day. Besides, you will get much benefit from the use of iodide of potassium. We are giving him, in addition to the iron, ten grains of the iodide of potassium, three times a day, placing him upon a nutritious diet. The question is, whether local means would be of use. Yes; at

times, the application of a weak sustained current of electricity.

Our treatment, then, is iron, iodide of potassium, stimulating friction with ammoniated liniments, and gentle currents of electricity. But in conclusion, I will state, that I would not have you infer that all cases of local palsy are rheumatic. I merely tell you that whenever you find a case, the possibility of its being rheumatic should present itself, but you must bear in mind, the history of the case, and must discriminate if there be cerebral, spinal, or muscular disorginizations.

April 5th. To-day the paralysis is almost cured. You perceive that he has now what he had not then, power in the deltoid muscle. This result was obtained by the use of tonics and the iodide of potassium, with stimulating frictions to the part. You see but little want of power remaining, so we can now suspend the iodide of potash treatment, and trust to the stimulating liniments and to gentle currents of electricity, the value of which I mentioned before in my remarks on the case. This will complete the cure in a few days more.

These cases require accurate investigation, and will repay you for all your trouble, since it was upon a careful study of symptoms, that we based our treatment, which you see has been so successful; for if you had taken the view, that it was chronic paralysis, or perhaps the view that it was a case not very chronic in character, and in the first place had treated him with strychnia only, or on the second supposition, you had bled him and leeched him, we should not have attained the speedy and gratifying results we have already attained. It was, therefore, a case in which having clearly fixed the diagnosis, we were able to obtain speedy and favorable results.

Philadelphia Hospital,
December, 1864.

Surgical Clinic of Dr. D. Hayes Agnew.

Reported by Wm. H. Ford, M. D., Resident Physician.

Syphilis.

(Continued from page 480.)

Accidents, or Complications of Chancre. The complications of chancre are inflammation, ulceration, and phagedena. 1st. *Inflammation.* The inflammatory action may exceed the ordinary limits. The sore becomes very painful and irritable, so as to prevent sleep. Put the patient to bed, and resort to a cathartic. Locally, apply an infusion of hops or of poppy heads, and, at night, administer an opiate.

2d. *Ulceration.* The healthy action ceases, and the sore extends its limits by ulceration. The pus is of an unhealthy character. There is associated with this unhealthy action, great pain, dry tongue, loss of appetite, deranged bowels, and fever. The cause may be local or constitutional, or both. Irritating applications, as rancid cerates, and friction by the patient's clothing, may be mentioned as common local causes. It is most rational to regard the cause as both local and constitutional. Put the patient to bed, administer a catharthic to re-establish the healthy secretions, and give an opiate at night, if the pain be severe. Tonics and good diet will also be of use. Locally, apply an infusion of hops, or of poppy capsules, or warm water. If this treatment fail, resort to dilute subsulphate of iron, dilute nitric acid, or dilute tincture of iodine. Permanganate of potassa is spoken of as an excellent application. Pure bromine will be found to be very efficacious in cutting short the ulcerative action.

3d. *Phagedena.* Phagedena is one of the gravest complications of chancre. Its action is extremely rapid. The entire glans-penis has been known to slough off in twenty-four hours. A phagedenic chancre has irregular, undermined, ragged edges; discharges a sanious ichorous pus, and is very painful. The skin surrounding it is very livid, or black. Extensive hemorrhage often occurs, on account of the erosion of some artery. The cause is always of a constitutional origin. It is attributed to an irritable, broken-down condition of the system, due to intemperance, foul atmosphere, and to the injudicious use of mercury.

The most active agents are used in the treatment of this form of chancre; of which nitric acid, bromine, creasote—(all undiluted)—are the most serviceable. A little of the sound skin should be included in the cauterization. Warm water is the best secondary application. Tonics and stimulants are of the greatest value. The tartrate of iron and potassa has been eulogized as being particularly adapted to this complication. It is administered in doses varying from three to ten grains, three times daily, and I think its use is attended by good results.

Buboes. There are certain sequences of chancre which are classed under the head of primary syphilis. These are enlargements of the lymphatic glands of the groin, or buboes. Lymphatic glands are connected with the lymphatic system, and are situated in different parts of the body; but they are especially numerous in the axilla and in the groin. They are arranged in two layers; the superficial and the deep-seated. The superficial glands of the groin are those most commonly affected by buboes.

There are three varieties of buboes; namely,

the sympathetic, the inflammatory, and the indurated. A sympathetic bubo is a swelling of one of the glands of the groin, accompanied by very little inflammation. It usually occurs in nervous and scrofulous subjects. It may be occasioned by some trivial injury to the inferior extremity—(when it usually affects one of the glands below Poupart's ligament)—by an injury to the perineum, or by the irritation of a chancre. We may have a sympathetic bubo in the axilla, resulting from an injury of a finger. It is not inocuable, and rarely passes into suppuration.

The inflammatory, sympathetic bubo is due to the absorption of the infectious pus of the chancre by the lymphatics, which conduct it to the ganglia of the groin, where it produces irritation and inflammation, with a strong tendency to suppuration. It generally affects only one or two glands, and occurs about two weeks after the appearance of the chancre. When opened it discharges an inoculable pus.

Case 1. About two weeks after a soft chancre first appeared, one of the glands of the left groin, above Poupart's ligament, began to swell and inflame. It is now very painful, red, and swollen. It is not yet mature.

Case 2. J. R. had a soft chancre about two months ago, but did not apply for medical advice until two weeks after it first appeared. The chancre is now nearly well. There is a large swelling in each groin. Upon the right side is a large abscess, which must be laid open by a free incision. The swelling in the left groin is not yet sufficiently advanced for lancing.

The indurated bubo follows the indurated chancre, and involves a cluster of glands. It is not inoculable, and rarely suppurates. If the matter from an open indurated bubo be inserted into the body of the person having the bubo, it will not inoculate; but the matter from the inflammatory bubo will inoculate indefinitely. The system is not necessarily infected when the glands become involved. The pus passes along the lymphatics, and is arrested by the glands; and as long as it is confined to these glands, there can be no constitutional poisoning.

Case 1. W. B. had a hard chancre more than two months. Two weeks after the chancre first appeared, the glands of both groins began to swell, and feel painful. There are four or five glands involved on each side. They are enlarged, and indurated. They have existed two months without evincing any tendency to suppuration. These glands may remain indurated for months and years. The system of the patient has become involved, as is indicated by syphilitic erythema, which is beginning to appear.

Case 2. S. M. had a hard chancre about four months ago. The glands in both groins became enlarged and indurated about a month after the chancre first appeared. There has not been, nor is there now, any tendency to suppuration. The patient has erythema and sore throat, which are evidences of constitutional contamination.

Treatment of Buboes. In a case of sympathetic bubo, confine the patient to bed, and administer a gentle cathartic; and if there are febrile symptoms, neutral mixture will be serviceable. Locally, apply leeches—(if there be much tenderness)—lead water and laudanum, nitrate of silver, tincture of iodine, or laudanum alone. A blister will be found to be of advantage. When the tenderness subsides, compression should be made by means of a compress and adhesive plaster, or by a bag of shot.

In the inflammatory bubo, when all hope of resolution fails, suppuration is aided by emollient poultices. When only a small portion of a gland is involved, and a small quantity of pus is formed, a good plan of treatment is by the seton. A needle, armed with two strands of silk, is passed through the diseased gland. The pus is thus drained away, and enough inflammation is excited to produce adhesion of the parts.

When an inflammatory bubo is laid open, it becomes an infectious ulcer or chancre, and is prone to contaminate the system; hence it is imperative to destroy its specific quality as speedily as possible. This is accomplished by the more active caustics. Treat the bubo precisely as you would a chancre on the penis, by sloughing out the ulcer.

The indurated bubo has little tendency to suppurate, but will almost invariably infect the system, if not interfered with. Our chief reliance is upon constitutional remedies. Of these, mercury, in the form of the bichloride, is pre-eminently the best. Calomel, though efficient, is too unmanageable; for it is liable to produce stomatitis, and phagedenic ulceration of the sore. Iodide of potassium, added to the bichloride of mercury, greatly enhances its therapeutical effects. Three grains of iodide of potassium, (gradually increased to five grains), with one-sixteenth of a grain of the bichloride of mercury, (gradually increased to one-fourth of a grain), in syrup of sarsaparilla or hops, as a vehicle, administered three times daily, for a period of not less than six or eight months, constitutes the best treatment for indurated bubo.

Editorial Department.

Periscope.

Painful Menstruation.

Dr. J. Marion Sims, of the Woman's Hospital New York, who has been sojourning in Paris for some time is writing a series of articles in the *London Lancet* on his specialty. In a late number he has an article on painful menstruation from which we quote as follows:—

Menstruation may be attended by a general malaise, but should not, as a rule, be accompanied by any very severe degree of suffering. If there is much pain, either preceeding its irruption or during the flow, there will always be a physical condition to account for it, and this will be of a nature to obstruct mechanically the egress of the fluid from the cavity of the womb. The obstruction may be the result of inflammation and attendant turgescence of the cervical mucous membrane, whereby this canal becomes narrowed merely by the tumefaction of its lining coat. But the most frequent cause of obstruction is purely anatomical and mechanical. For instance, the os and cervix uteri may be preternaturally small, or the canal may be flexed; or these may be complicated with the presence of a polypus, or with that of a fibroid tumor, in either the anterior or posterior wall of the uterus, and occasionally in the antero-lateral portion.

Of 250 married women who had never borne children, 129, or more than half, had pain of an abnormal kind attending the menstrual flow. I have been in the habit of dividing these into two classes, calling the one painful, and the other excessively painful, or dysmenorrhœal. Of these 129, 100 were painful, or 1 in 2½ of the whole number; 29 were dysmenorrhœal, or 1 in 8 6-11.

It would appear that the pain of menstruation is almost wholly due to mechanical causes, for of the whole 129 only eight had engorgement or congestion of the lining membrane of the canal of the cervix, and these were mostly complicated either with flexure of the cervix or with fibroid growths in some portion of the body of the uterus. I would not deny that menstruation may be painful merely from a congested state of the cervical membrane, where there is no fibroid growth, no polypus, no contracted os, and no flexure of the cervix; but such cases are very rare indeed, while the great majority of dysmenorrhœal cases have a contracted os and a narrowed cervical canal or a flexed one.

In the great majority of cases, in addition to a contraction or flexure of the canal, the cervix will be long, pointed, and indurated. If the flexure be anteriorly, we often find the intra-vaginal portion of the cervix unequally developed—that is, the posterior part, from the os to the insertion of the vagina, may be an inch and a quarter long, while the anterior, from the os to the insertion of the anterior cul de sac may not be more than one-third as long. But if there be a retroversion, then the os may be sucker-mouthed, the anterior lip overlapping the posterior.

The treatment of dysmenorrhœa was formerly very empirical. Dewees cured many cases with his ammoniated tincture of guaiacum, but I have not seen any one who had derived the least benefit from it. Simpson's operation of enlarging the canal by incision is not always successful, but it is the only procedure from which I have derived the least benefit. The whole philosophy of the operation consists in opening the canal, and keeping it open, so as to allow the easy passage of the menstrual flow. *A priori*, it would seem a trifling thing to pass a bougie along the cervix uteri, but I have known it to be followed by most serious results. I have known several cases in the hands of others in my own country, and I have seen two in Paris during my short sojourn there.

Experience warns against merely mechanical dilatation. But it may reasonably be asked, "Is it more dangerous than splitting up the neck of the womb?" I answer, "Yes." I cannot now tell how many hundreds of times (certainly more than five hundred) the operation of cutting open the operation of cutting open the os and cervix has been done by Dr. Emmet and myself at the Woman's Hospital and in private practice, and I now remember but a single instance in which it was followed by inflammatory symptoms, and this resulted in pelvic cellulitis and abscess.

Some dilate the cervix by sponge tents. Foremost amongst these stand the names of Bennet and Tilt. I have tried this method, and the results were anything but satisfactory. Prof. A. K. Gardner, of New York, has used it most extensively and perseveringly, but has now abandoned the practice as unfruitful. Dr. Tilt thinks Dr. Simpson's "an unjustifiable operation,"* and objects to it because it produces pain and "flooding to an alarming, if not to a fatal extent." As to the pain, I am sure I have seen far more caused by a bougie than I ever saw by the operation. Indeed the operation is not a painful one. I have often performed it on delicate, timid women, who were conscious that something was being done, but had no idea at all that it was a surgical operation.

The only trouble that I have encountered is hæmorrhage, but that was in my early operations, and before experience taught me that there was danger to be apprehended. Now, however, I have no such accident, because I take pains to guard against it.

I do not pretend to account for the fact that the operation is not followed by hæmorrhage in Scotland while, it is in America; and I would warn my own countrymen to take every precaution against its occurrence, as it is almost the only accident that can attend this operation.

Oxydation of the Blood.

The *British Medical Journal* (April 22) contains an original communication from Dr. B. W. Richardson, of London, upon the effects of air charged with ozone. After detailing some experiments performed by him, he remarks in conclusion that he does not think there can be a doubt as to the effects of ozonized air in being

* Uterine Therapeutics, page 255.

inhaled, and it produces as a first degree of action, catarrhal irritation of the mucous membrane of the mouth, throat, and nostrils; as its second degree, extension of irritation to the bronchial surface, and bronchitis; and, as its third, exudation into the structure of the lung, molecular change in the blood, with separation of fibrine, a form of general inflammatory fever and death.

The great and vital question to be considered is:—Whether we, as occupants of this earth, and enclosed in a vast chamber of atmospheric air, are ever exposed to oxygen in such active condition that it shall light up in us the same symptoms as can be artificially induced in the inferior animals. The question would seem to admit of easy solution, and all the elements for its solution may, in truth, be present; but it is surrounded with difficulties nevertheless. The great difficulty lies in this, that we have no correct and ready means of estimating the extent to which air is charged with ozone. All the rules on this point, as at present supplied, turn out, in practical work, to be fallacious tests. They may show presence; but they do not show quantity beyond a certain degree.

We know that, during easterly and north-easterly winds, we breathe air which to sensation is as much like ozonized air as can well be compared; and experience from such air the same effects as come from ozone—viz., irritation of the throat and nose, and catarrh. In some instances of this kind, the ozone-paper has demonstrated ozone; in others, it has not. The test is here at fault. Any way, of this we may be convinced—that ozone cannot possibly be present in the air for many hours, at a temperature above 55° Fahr., without producing in those subjected to its influence some shade of effect. It would not affect all with the same degree of intensity; it does not do so in the course of actual experiment, but in many it would of necessity give rise to catarrh, to bronchitis, to pneumonia, or even to croup.

Uses of Sugar and Lactic Acid in the Economy.

In the April number of the *American Journal of Medical Sciences*, is a valuable paper on this subject by Prof. SAMUEL JACKSON, from which we present the most conspicuous points. He says that the facts marked out by M. CLAUDE BERNARD, prove, that in the first stage of organic or nutritive actions, in animal as in vegetable life, glucose (grape sugar) is an indispensable agent in the formation of plastic matter and organic forms. This conclusion is significantly pointed at when we remember that milk, which has sugar as so large a constituent, is the food of mammalia. At a later period of life, the supply of sugar is obtained to a large extent from fruits, etc., and to this must be added the yet greater quantity furnished by the conversion of the starchy elements of food into saccharine matter. Although these external resources are so abundant, yet nature, by wise foresight, guards against the accidental want of these vegetables which supply sugar directly, by endowing the liver with a glucogenic function, by which the organism is supplied with glucose.

Although constantly formed, it never accumulates in health, so it must either be transformed or destroyed. In certain conditions neither is done, and the blood and all eliminations from it are found charged with glucose, as in diabetes melitus. As a general rule the change of amyloid matter and cane sugar occurs in the alimentary canal, usually the stomach in most animals, although in dogs it occurs further along in the duodenum, by the pancreatic fluid. Absorption of dextrin and glucose unchanged, also may take place, and the transformation may occur in the blood or through the agency of some organ. Glucose cannot remain long as such under the influence of oxygen, heat and moisture, but is transferred into lactic acid. This product appears to be the final object of the vast provision of starch and sugar.

What is the use of lactic acid? LIEBIG admits its importance, but does not attempt to solve it. LEHMAN gives a purely chemical explanation as follows: 1. It, with hydrochloric acid, is the digestive power of the gastric juice. 2. As acid, bodies have a high diffusive power, and alkalies a low one, the acidulated digested peptones, separated from the alkaline blood in the gastric capillaries, are rapidly transferred into the circulation by the active endosmose excited in this manner. 3. From the ready combustibility of its alkaline salts, it must be admitted that lactic acid becomes an important assistant in maintaining the animal temperature, and it is by this method that the remarkable equilibrium of animal heat is maintained, necessary for health and existence.

The views of BERNARD are purely physiological. It is known that the unceasing play of chemical agents, and molecular activity, so essential to life or its phenomena, germ development, assimilating nutrition, secretion, etc., are effected by external agents. The most powerful of these is oxygen—then comes lactic acid—not glucose. This lactic acid, as soon as formed, seizes on the alkalies, and converts them into lactates, which are, as LIEBIG remarks, destroyed as fast as produced.

The final result then of deduction there, is that the immense provision of amylaceous and saccharine substances in the food of animals, is the constant production of lactic acid in the blood of animals, to assist in the support of vital motion in the blood.

After discussing this at length, Prof. JACKSON states in conclusion, that Drs. W. F. ATLEE and JOHN H. PACKARD, have recently treated gangrenous wounds successfully with sugar. The active principle is not the sugar as supposed, but the lactic acid into which the saccharine matter has "been converted, by *contact* with animal substances in a state of decomposition, (LIEBIG). He suggests that lactic acid should be tried direct, by the use of sour milk. The wound should be thoroughly washed with milk, and cleansed of putrid matter, and then bound with lint, kept saturated with the acid milk. His explanation is supported by the well known fact that the gastric juice, which is an antiseptic, always contains lactic acid, and thereby arrests putrefaction.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 13, 1865.

HOSPITAL VISITATION.

Recent British Medical Journals have contained accounts of royal visits by Victoria, the excellent Queen of Great Britain, to various hospitals, infirmaries, etc. We know not the motives that actuated the good Queen in making these visits, but doubt not that they were prompted by the purest benevolence and good feeling. This would be entirely in keeping with the character she bears. We do not suppose that either law or custom requires the sovereign of Great Britain to make stated visits to such institutions. Indeed, in view of the jealous care with which the life of the sovereign is guarded, and the risk to which she is exposed, of contracting disease from inmates of the hospitals, it is, perhaps, a matter of surprise that so much freedom is allowed by the ministers of the crown, who, if we mistake not, have some sort of control over the person of the sovereign.

Glowing accounts are given of the pleasurable emotions kindled in the breasts of the unfortunates who, for a brief moment were favored with a sympathizing smile or word from a Queen whom they have all learned to respect and love. Her Majesty's visits do not appear to have been made in much state, but on the contrary were quite free from formality, and she evinced an interest in the welfare of the sick which was calculated to encourage and benefit them. Such errands of mercy on the part of Queen Victoria, tend to increase the respect and admiration in which she is held by mankind.

But such visits are not confined to royal rulers. Our late lamented and excellent President and his good lady, were frequent visitors at the hospitals in and around Washington; and wherever duty called him, if there was a soldier's hospital near by, it was President Lincoln's habit to visit it, and walk deliberately through the wards with a pleasant word for the patients as he passed along. These visits will be doubly precious now to those who enjoyed them.

The visits of the managers of our hospitals, which are generally made at stated periods, and of the Judges of the Courts, and other State and Municipal functionaries, occasionally made, are often pleasant oases in the dreary round of hospital life to many a poor sufferer. It is fitting and proper that persons in high official position of whatever kind, should visit all public institutions in order to familiarize themselves with their workings, and learn their wants, and thus be enabled to make intelligent recommendations regarding their appointments and management. But these visits are often looked for by the officials in immediate charge, who make special preparations to receive their visitors, and things may appear to them to be conducted in the best manner possible, whereas, an unexpected visit might reveal quite a different state of affairs. Cleanliness, thorough ventilation, and good government, are of such incalculable importance in all public institutions, and particularly in hospitals of all kinds, that it is incumbent on all upon whom official responsibility rests, to familiarize themselves with their management. Visits should sometimes be made unexpectedly, and the scrutiny should be close.

HOSPITAL FOR CONTAGIOUS DISEASES.

Philadelphia has, for some years past, had no hospital for the treatment of contagious diseases. About two years ago a Commission was organized for the erection of a Municipal Hospital, and as a result of their labors, the city is now in possession of a creditable building for the purpose. It was inaugurated and opened on the 27th ult. On that occasion, Dr. J. B. Biddle, President of the Commission, made an address, from which we obtain the following facts in regard to the Hospital.

"The enclosure upon which the Municipal Hospital stands is a square of ground, a portion of a lot situate at the junction of the Lamb Tavern road and Hart Lane, containing 10 acres and 91 perches, which was purchased by the Board of Health on the 2d of February, 1854, for the sum of $16,000, and subsequently by the act of consolidation, was transferred to the city. Of this property, an area of 400 feet between Twenty-first and Twenty-second streets and 500 feet from Lehigh avenue to Huntingdon street has been reserved for the purposes of the hospital. The structure consists of a centre 50 feet square and two stories high, with a basement and attic. On the east and west sides are wings, two stories high, each 115 feet in length and 30 feet in width, thus presenting an entire front of 280 feet. On the south side of either wing runs an enclosed piazza, 12 feet in width, and one-half the length are attics containing separate chambers. Under the entire building is a cellar, nine feet in depth containing two kitchens, floored with slate tiles, and provided with suitable arrangements for cooking and elevating provisions.

"The centre building has four rooms on each floor, eighteen by twenty feet in dimensions with

a hall ten feet wide, containing the principal flight of stairs from the cellar to the attic, and a cross entry connecting with the piazzas, thus separating the apartments of the officers from the wards. Each wing contains two rooms on either floor, 42 by 26½ feet in area, and 14 feet in height, furnishing thus eight wards, each readily accommodating twenty beds. In the attics and spare rooms sixty more beds may be placed, and if an emergency should arise the balconies may be fitted up with sashes and beds for a large increase of patients. The wards are separated by rooms twelve feet in width, provided with baths, water-closets, and other necessary conveniences, and through them access to the piazzas, furnishing convalescent patients with a long and sheltered walk in the open air.

"The stone of which the hospital is constructed is from tke Gneiss quarries, at the Falls of Schuylkill. The front of the centre and the base of the wings is of broken range work. The other portions are hammer-dressed and pointed. The masonry was laid by Mr. Samuel Collom, of Germantown. The interior walls are of brick, and provided with flues from the cellar for thorough ventilation. The wards and bath-rooms are heated by four large cast-iron furnaces, furnished by Mr. B. Hunter, and each room has besides an open grate, materially improving the ventillation. The centre is heated by fire-board stoves, in the first story, which supply hot air to the chambers above. The floors of the wards and halls are oaken, and deafened by a coat of plaster. The roof is mainly slated, excepting the flat parts of the attic, which are covered with a fire and water-preof composition. The supply of water is from a large iron tank in the loft of the main building, to be filled from a 30,000 gallon cistern, and from a well in the cellar.

"A laundry and drying-room, with carriage-house and stable, are placed in a convenient situation on the grounds, which have been graded, and are furnished with a gravelled road.

"The cost of the erection of the main building, awarded, by public advertisement to the highest bidder, was $45,932. The laundry, outhouses, grading, fencing, etc., cost $10,800. The apparatus for heating and cooking, $2084 50. The supervision of the architect, $1000. We believe these amounts to have been very reasonable, and we may fairly claim that the erection of the Hospital, in view of the condition of the currency, and the high price of labor and of every sort of building material, has not been burdensome to the city Treasury."

In reference to the prevalent opinion as to danger from small-pox patients, Dr. Biddle said: "That in a properly ventilated building the contagious emanations from the sick pass upward, and within a very short distance (not one hundred feet) the possibility of communication disappears. In the capitals of Europe there is little sensitiveness as to the neighborhood of the small-pox. In Paris no separate hospitals exist for this disease. In London, the small-pox hospital is placed in a closely built portion of the city; in New York it is on Blackwell's Island; while in Boston there are two separate hospitals for small-pox—one on Deer Island, the other on Rainsford Island. In spaciousness of accommodation or desirable isolation," said the Doctor, "no metropolitan hospital for contagious diseases in the world surpasses ours."

Dr. Samuel P. Brown was elected attending physician of the Hospital.

OUR COURT ROOMS.

We have, heretofore, discussed in these columns the disgraceful hygienic condition of the Court rooms of this city, and any animadversion that may be made upon them, will probably apply equally to most other rooms of a similar kind, wherever located, unless we except those in the United States Capitol at Washington.

We clip the following from a newspaper of this city:

"Benjamin H. Brewster, Esq., in addressing a jury a few days since, 'begged them not to think that he was excited. The miserable location of the court room compelled persons to fairly scream out or they could not be heard. The bad ventilation of the room had nearly killed one judge, and he prayed God to spare his life and that of his brother judges who were compelled to endure the poisonous atmosphere found in the room.' The learned gentleman might have gone a little further, and referred to the effects had upon the jury and witnesses, many of them females with infants of tender age, who are compelled to sit in this miserable place. The stench is at times intolerable, and, to add to the misery, bed-bugs now roam at large. We have seen these bugs crawling about the clothing of lawyers whilst addressing the jury, and it is nothing unusual for the law reporters to stop writing and relieve themselves of these insects. The court room is a disgrace to our city, and a nuisance that should be abated. Jurors complain bitterly, because they are compelled to sit in this room, to the injury of their health and jeopardy of their lives."

We have, on several occasions, been compelled to appear as a witness in insanity and other cases, in one or other of our courts, and can testify to their utter want of adaptedness to the purposes of justice. Lately, we were called into one of the court rooms, the occasion not being a spe-

cial one. There were present about two hundred persons of whom over fifty were ladies. The capacity of the room in cubic feet, does not, in our estimate, exceed fifty thousand. Now, the average quantity of air required by an adult for healthy respiration is about forty cubic feet per minute, or two thousand four hundred feet per hour. It follows that, in much less than one hour, the capacity of the room for healthy respiration, would be wholly exhausted by the audience then assembled in it. After the lapse of that time, the air would be breathed over and over again, poisoned, as it is, by the exhalations from the lungs and bodies of those present. It is true, that a couple of windows were lowered a few inches from the top, but this was a very inadequate mode of ventilating a room containing so many people, and in fact, was scarcely sufficient to make an appreciable difference in the condition of the air of the room.

Now, the law compels jurors and witnesses to be present, and judges, advocates, and clients, are required to sit for hours in court rooms, of which the one in question is a fair representative. We submit whether, under these circumstances, it is not expecting a little too much of witnesses to give clear and connected testimony, of lawyers to examine with fairness, and expound the law clearly, of juries to come to just and unbiassed conclusions, of judges to reason, decide and instruct with force and clearness. In short, can halls so constructed be properly termed "halls of justice?"

It is past our comprehension, why, when so constantly exposed to such untoward influences, our judges and lawyers are as healthy as they are. Or, why it is that while our clergymen, who speak in large, airy, well-ventilated churches, are troubled with throat and other ailments, which requires many of them to spend one twelfth to one sixth of their time, every year, in recuperating, to say nothing of European trips to build up broken down constitutions, while we seldom hear of the necessity of lawyers, who do their public speaking under so much more unfavorable circumstances, resorting to such expedients on account of their health. But, be the cause of the difference what it may, there is no excuse for the criminal disregard of the comfort, the health, and the lives of those who are compelled to resort to the ill-contrived, ill-ventilated, diminutive rooms, styled "halls of justice." They are halls of *in*justice, rather.

M. Musse recommends a creosote lotion as a specific for mentagra.

Errata.

In Dr. Taft's report of the assassination of the President, in the Reporter of April 22, two slight errors occurred. In the account of the autopsy, page 454, top of second column, it should read, "obliquely across from left to right, through the brain to the anterior lobe of the cerebrum immediately behind the *left* orbit."

The ball, pieces of bone and probe, were delivered to the Secretary of *War*.

Notes and Comments.

Appointment.

Dr. George H. Fairlamb, of Centre county, has been appointed by the Governor of this State Physician at the Lazaretto, near this port.

Dr. Fairlamb was engaged in many battles in the Army of the Potomac, was a Captain in the One hundred and forty-eighth Pennsylvania Volunteers, afterwards its Major, and at present holds the position of Lieutenant-Colonel. He was severely wounded at Chancellorsville and at Spottsylvania.

United States 7-30 Loan.

For the information of correspondents we would state that investments can be made in this popular loan in almost any large town in the country —wherever there is a bank or broker, almost. As the money invested begins to draw interest immediately, it would be better not to lose time to send to this city, but make the investment at an agent's in the nearest large town. Those preferring, however, to make investments in this city can do so by sending the money, or drafts on Philadelphia or New York, to Jay Cooke & Co. by mail, or better, perhaps, by Express.

Correspondence.

DOMESTIC.

A Dislocated Thigh reduced by Jarvis' Adjuster.

Editor Med. and Surg. Reporter:

As dislocations of the femur are of rare occurrence, the following case may not prove uninteresting to the numerous readers of the Reporter.

I was recently called, in connection with H. P. Welling, M. D., of this village, to see Mrs. E. T. 39 years of age. She had fallen upon the pavement, and produced a luxation of the femur upward and forward upon the ramus of the pubis.

As the patient was large and muscular, possessing a large amount of adipose matter, there was little deviation from the normal outline of the hip. The foot was everted, the limb was about one inch shorter than the sound one, and when rota-

tion was attempted the trochanter did not describe the segment of a circle, as it does in its natural position.

With a view to its reduction, the assistance of Dr. J. B. Coleman, of Trenton, was procured, Jarvis' Adjuster was applied, the limb slightly elevated and abducted, the foot was inverted by a kind of rotary movement, and when extension had been carried to a sufficient degree, the extending band was slipped, and the head of the femur assumed its natural position in the acetabulum. The limb, although painful, could now be rotated, and the symmetry of the limbs was complete. L. S. Blackwell.

Pennington, N. J.

Two Cases of Monstrosity.

Dr. Flint L. Keyes, of Jerseyville, Canada West, in a communication respecting Dr. Stevenson's case of acephalous fœtus, published in the Reporter—current volume, p. 223—relates two cases of monstrosity, that came under his observation, which are of sufficient interest to present to our readers. He says:

I was called to a woman in labor in the fall of 1831, in her first confinement, Dr. T—— R——, in consultation; it was an inter-twin case. The children had two heads, and shoulders distinct, uniting at the opposing shoulders. The arms between the two projected backward, growing into each other, being visible at the elbow. The elbow was stiff. The fingers were also straight and stiff from some cause, with nails on the in and outside of each finger. The bodies gradually coalesced, until at the pelvis they were united into a single pelvis, with two legs. There was also, however, a leg about two inches long, with a foot in proportion, projecting from the superior part of the sacrum. Each fœtus had an arm, one on the right and the other on the left, of the natural size and form. Dr. T. R. made many inquiries to find out the cause of this malformation. Finally, the mother remembered that she was somewhat frightened in the summer by a screech owl! The learned Doctor accounted for the phenomenon by supposing the little fellows in their fright had hugged each other rather tightly, and forgot to let go!

In June, 1845, I attended a lady in her confinement, who gave birth to a female child, which was acephalous. She had been the mother of several children previously, all healthy and well-formed. This child, contrary to all expectations of the parents, was deformed. About three-fourths of an inch above the eyebrows, the os frontis was deficient; the superior portion of each temporal, and both parietal bones, were absent; the occipital, as far back as the crucial ridge, also the brain and integuments, were wanting. This child exhibited signs of fœtal life, after the remaining part of the head entered the pelvis. This was quite evident from this fact—when I placed my fingers on the membranous filiment which covered the internal base of the cranium, in order to facilitate labor, there was a convulsive movement of the child, which was distinctly felt, when all was over, and life extinct. When asked the cause of this malformation, the parents were satisfied by the answer, that it was a fault of nature which sometimes befals the human family. The face, in this case, was quite turgid with blood, and dark colored. This would likely be the case in all cases of the kind from causes capable of explanation.

News and Miscellany.

Effects of Tobacco on the Mental Powers.

M. Bertillon, in the *Union Médicale*, March 9, supplies some interesting facts in relation to the effects of tobacco on the mental powers, derived from an investigation made at the Polytechnic School in 1855–56. He investigated in 160 of the pupils who had undergone their examination, what influence the fact of their having been smokers had upon the results. As large a proportion as 102 of these pupils were smokers. It was found that in the classification by merit which followed the examinations that, while in the highest series a third or fourth of the pupils were smokers, in the lower series three-fourths, and in the lowest series four-fifths were smokers. Again, while among 66 confirmed smokers their mean rank of 94.5 on their entrance into the school had sunk to 98.3, in the case of the 60 pupils who were not smokers their rank of 71 on entrance (already 23 ahead of the smokers) rose to 67.7—being, as the result of nine months' work in common, 30 in advance of the smokers. This result of the inquiry as regards these limited numbers was conformable to the prior experience of the school.

Health of Scotland.

The Scottish Registrar-General's monthly return for the eight principal towns—containing an aggregate population of probably above 922,000—shows a mortality of 2,593 for the month of March. This is 147 above the average mortality of the month, but it is 322 less than the month of March 1864. Epidemic diseases,

however, still prevail; the zymotic class of diseases caused one in every four of the deaths of the month, one in every three in Paisley, and nearly half of all the deaths in Perth. Above 11 per cent. of the mortality of the month was from typhus, which in Greenock caused nearly 20 per cent. of the entire mortality.

Syphilis in a Monkey.

Mr. Edward Lund, of Manchester, has forwarded a communication to the Anthropological Society, which has been published in its *Proceedings*, "On the Occurrence of Syphilis in a Monkey." It is stated the penis of the animal had been almost entirely destroyed by ulceration, that the hair had fallen off in patches from several parts of the body, and that the frontal bone, as well as some of the long bones, were completely carious. On inquiry at the Zoological Gardens at Bellevue, near Manchester, where the animal had died, he learned from the man who for many years had had charge of the monkeys, that it was quite a generally believed opinion that these animals are occasionally the subject of syphilis, or of some disease attended by ulceration of the genital organs, and propagated by sexual intercourse. There was pointed out to him in the same collection as the one in which the male animal had died a female monkey, which he said was so affected; and as far as he could observe the vulva was surrounded by several rather large condylomatous growths, attended by an abundant sero-purulent discharge. The cage in which these animals were placed was rather small in proportion to the number of inmates; and, other cages and dens being in close proximity to it, the ventilation was imperfect, and the general arrangement not such as to conduce to the health and constitutional vigor of the animals. Now, it is well known that animals, such as monkeys, when kept in menageries, are very liable to die from strumous disease, especially from tubercular pulmonary consumption, and in this particular instance an illustration is afforded of how far cohabition, under circumstances unfavorable to health, may engender a cachectic state in which the genital organs are diseased, and that this condition may be regarded as the first step in a degeneration, which, by frequent repetition, would at last culminate in true syphilis.

Meteorological Record.

A comparison of some of the meteorological phenomena of April, 1865, with those of April, 1864, and of the same month for fourteen years, at Philadelphia, Pa. Barometer 60 feet above mean tide in the Delaware river. Latitude 39 degrees 57½ minutes N.; longitude 75 degrees, 10½ minutes W. from Greenwich. By James A. Kirkpatrick, A.M.:

	April, 1865.	April, 1864.	April, for 14 yrs.
Thermometer.			
Highest degree,	79.00	75.00	88.00
Do. date,	27th.	24th.	24th, '61.
Warmest day—mean,	68.83	68.17	74.30
Do. date,	27th.	24th.	29th, '56.
Lowest degree,	40.00	32.00	20.00
Do. date,	9th.	5th.	7th, '57.
Coldest day—mean,	45.50	37.17	27.70
Do. date,	9th.	5th.	2d, '57.
Mean daily oscillation,	14.33	15.40	16.16
Do. range	5.99	5.27	6.22
Mean at 7 A.M.,	51.25	44.90	45.86
Do. 2 P.M.,	62.03	55.58	57.47
Do. 9 P.M.,	54.48	48.45	49.59
Do. for the month,	55.92	49.64	50.97
Barometer.			
Highest, inches,	30.265	30.048	30.518
Do. date,	9th.	22d.	3d, '54.
Greatest daily pressure, mean.	30.208	30.016	30.458
Do. do. date,	9th.	22d.	3d, '54.
Lowest, inches,	29.404	29.310	28.884
Do. date,	1st.	2d.	21st, '52.
Least daily pressure—mean,	29.497	29.377	28.959
Do. do. date,	1st.	2d.	21st, '52.
Mean daily range,	0.172	0.122	0.169
Mean at 7 A.M.,	29.897	29.730	29.820
Do. 2 P.M.,	29.844	29.699	29.778
Do. 9 P.M.,	29.889	29.755	29.810
Do. for the month,	29.877	29.728	29.803
Force of Vapor.			
Greatest, inches,	0.689	0.495	0.689
Do. date,	29th.	25th.	29th, '65.
Least, inches,	.120	.096	.066
Do. date,	24th.	7th.	13th, '52.
Mean at 7 A.M.,	.264	.219	.232
Do. 2 P.M.,	.303	.332	.247
Do. 9 P.M.,	.280	.236	.256
Do. for the month,	.282	.229	.243
Relative Humidity.			
Greatest, per cent.,	93 ℔ ct.	92 ℔ ct.	100 ℔ ct.
Do. date,	12th.	10th.	often.
Least, per cent.,	23.0	18.0	13.0
Do. date,	24th.	7th.	13th, '52.
Mean at 7 A.M.,	67 0	71.0	71.2
Do. 2 P.M.,	52.6	52.2	51.4
Do. 9 P.M.,	64.4	67.8	67.4
Do. for the month,	61.4	63.7	63.3
Clouds			
Number of clear days,*	9 days.	4 days.	8.5 days.
Do. cloudy days,	21	26	21.5
Me. of sky. cov. at 7 A.M.	61.3 ℔ ct.	62.7 ℔ ct.	62.7 ℔ ct.
Do. do. 2 P.M.,	64.0	73.3	66.4
Do. do. 9 P.M.,	51.0	69.3	53.4
Do. for the month.	58.8	68.3	60.8
Rain.			
Amount, inches,	2.829	4.478	4.813
No. of days on which rain fell,	11 days.	14 days.	13 days.
Winds.			
Mean direction,	S 53.8 W	N 13.23 W	N 63.3 W

* Sky one-third or less covered at the hours of observation.

Consanguineous Marriages.

The general feeling of the people, as communicated to me, is distinctly against consanguineous marriages, which they regard as "bad for the offspring." One shrewd old woman, however, added this important remark: "But I'll tell ye what, Doctor, bairns that's hungert i' their youth aye gang wrang. That's faur waur nor sib marriages."—*Dr. Mitchell.*

Exostosis of the Sacrum; Dystocia; Cæsarian Operation Successful for Mother and Child.

The patient was thirty-one. First parturition long and difficult from impaction; child dead; no forceps. Second: craniotomy, from insurmountable obstacle of an exostosis of the sacrum. Third pregnancy two years afterwards, though the mother had been warned that she could not give birth to a living child. (Why was premature delivery not tried?) When the woman became parturient, it was decided, with her consent, that the Cæsarian section should be tried. This was successfully performed, both for the mother and child.—M. MARCHANT, in *Journal de Médecine de Bruxelles*, 1864.

Quinquecentenary Jubilee of the University of Vienna.

This University was founded on the 12th of March, 1365, and great preparations are now making to celebrate the five hundredth anniversary. Dr. Sigmund, in a letter to the *Imparziale*, states that October will probably be chosen for the festivities, in order to allow medical men from all parts to be present. It is stated in the same letter that the most liberal new regulations have been introduced into the Faculty of Medicine, and that the beds in the different hospitals of Vienna are no less than 4000.

Anasarca depending on Distension of the Bladder.

Professor Trousseau, in one of his late lectures, quoted several cases from his own practice and that of others, in which this cause of anasarca had been overlooked. Catheterism solved the question, and in all cases the anasarca disappeared. This is a useful hint.

Handsome Bequest.

The friends of the North London or University College Hospital will be glad to learn that the late Mr. Arthur Woodriff Jaffray of St. Mildred's Court, Poultney, a wealthy and benevolent American merchant, has just bequeathed £,2000 to that hospital, in addition to large sums to other charities not strictly medical.

Dr. CHABRAUD states that cretinism has been for the last twenty years on the decrease in the Briançon district, and attributes the fact, in great part, to the use of coffee, which has there become very general.

Army and Navy News.

ARMY.

RETRENCHMENT.—Surgeon-General BARNES has recently issued an order, from which the following is extracted.

"Medical Purveyors are instructed to suspend all purchases for medical and hospital supplies until the stock on hand is exhausted. All surplus medical supplies will be at once turned in to the nearest medical purveying depot, by the officers responsible for them, who will cause the medicines, instruments, books, stores, etc., to be carefully packed, the bedding and clothing washed, and the furniture and utensils cleansed, and every article that can be made serviceable put in a condition to reissue or repair. Invoices and packer's lists will in every instance be given, and receipts taken. In the final settlement of property accounts, *certified* invoices will not be accepted as vouchers, but affidavits will be required of their correctness and inability to obtain proper receipts.

"Medical Purveying and *Purchasing* depots will be continued at New York, Philadelphia, and Louisville only. Distributing Purveying depots will be continued at Washington, Nashville, St. Louis, New Orleans, Hilton Head, S. C., Newbern. N. C., and San Francisco, Cal. All others will be at once discontinued, and the property on hand disposed of as above. Requisitions for medical and hospital supplies will hereafter be made for three months, and based upou the actual strength of command for which required, After approval by the Medical Director, they will be forwarded to the most readily accessible of the depots above enumerated.

"Medical Directors will as rapidly as possible reduce the number and accommodations of General Hospitals within their departments, retaining such buildings as are owned by the United States, or occupied without rental, and substituting, with permanent commands, Post for General Hospitals. They will annul the contracts of Acting Assistant Surgeons who can be spared, and discharge all civilian nurses, cooks and employees, male and female, whose services can be dispensed with or supplied by enlisted men of the Second Battalion and convalescents. The utmost possible retrenchment of expenditures will be carried into immediate effect.

The discontinuance of general hospitals and depots, discharge of contract Surgeons, reduction of nurses and employees, will be at once reported at this office, such reports exhiting the names, duties and rate of pay of those retained, as well as of those discharged, the rent buildings vacated, the amount of property turned in, and such other evidence as may be necessary to establish prompt and exact compliance with these instructions.

ASSIGNED.—Surgeon A. M. Clark, U. S. V., to duty as Chief Surgeon of the Hospitals and General Superintendent under the instructions of the Medical Director of medical affairs in the city of Richmond and its outskirts.

MISCELLANEOUS.—Col. Geo. Suckley, Surgeon U. S. A., is Medical Director, and Ass't Surgeon M. J. Asch, U. S. A., is Medical Inspector, on the Staff of

Major-General Ord, of the Department of Virginia, headquarters at Richmond.

Surgeon B. G. Streeter, U. S. V., is Medical Director, Ass't Surgeon John Homans, Jr., U. S. A., is Ass't Medical Director, and L. P. Wagner, U. S. V., is Medical Inspector of the Middle Military Division, headquarters removed to Washington, from Winchester, Va.

Surgeon Chas McCormick, U. S. A., is announced as Medical Director on the Staff of the Department of the Pacific, relieving Surgeon P. G. S. Ten Broeck, U. S. A.

Act'g Ass't Surgeon John A. Hall, of the Lincoln General Hospital, Washington, was, on the 1st inst., ejected from the Hospital in disgrace. An intercepted letter from him to a person in Canada, referring in a scurrillous manner to the death of the late President, was the cause. A very light punishment.

Assistant Surgeon C. C. Byrne, U. S. A, has been relieved from duty in the Department of the Cumberland, and has been ordered to report to Assistant Surgeon-General Wood, at Louisville, Ky., for duty.

Promoted.—Assistant Surgeons James Collins, Daniel Stahl, John F. Huber, Wm S. Ely, James M. Study, John S McGrew, and Theodore Artaud, to Surgeons U. S. V.; Ass't Surgeon J. C. McKee, U. S. A., to Surgeon U. S. A., and Act'g Ass't Surgeon Chas. L. Hart, U. S. A., to Surgeon U. S. A.

Appointed.—Dr. H. A. Buck, of Marenzo, McHenry county, Illinois, Ass't Surgeon U. S. V.

NAVY.

REGULAR NAVAL SERVICE.

Ordered.—Surgeon A. C. Rhodes and Ass't Surgeon E. C. Vermeulen, to the Naval Hospital, N. Y.

Detached.—Passed, Ass't Surgeon G. H. E. Baumgarten, from the Naval Hospital, Memphis, Tenn., and ordered to the *Wateree.*

Surgeon Isaac Brinkerhoff, from the Naval Rendezvous, Boston, Mass., and waiting orders.

Surgeon John Thornley, from the Naval Rendezvous, New York, and waiting orders.

Surgeon Edwin R. Denby, from the Naval Rendezvous, New York, and waiting orders.

Surgeon D. S Edwards, from the Naval Rendezvous, New Bedford, Mass., and waiting orders.

Assistant Surgeon E. C. Vermeulen, from the Naval Rendezvous, Portsmouth, N. H., and waiting orders.

Assistant Surgeon D McMurtrie from the *Muscoota,* and ordered to the North Atlantic Squadron.

Assistant Surgeon J. W. Boyden, from the Naval Hospital, Norfolk, Va., and ordered to the *Muscoota.*

Passed Assistant Surgeon J. H. Clark, from the Navy Yard, Portsmouth, N. H., and ordered to the *Mahongo.*

Resignations Accepted.—Ass't Surgeon Wm. H Westcott of the *Powhattan.*

Ass't Surgeon Ellery Stedman of Dorchester, Mass.

Promoted.—April 24, Assistant Surgeons J. H. Clark, George R. Brush, D. R. Bannon, G. H. E. Baumgarten, Charles S. Giberson, and A. A. Hochling, to Passed Assistant Surgeons, U. S. Navy.

VOLUNTEER NAVAL SERVICE.

Ordered.—Act'g Passed Ass't Surgeon N. L. Campbell to the *Mahongo.*

Act'g Ass't Surgeon J. W. Hamilton to the *Conemaugh.*

Detached.—Act'g Ass't Surgeon Nelson Ingram from the *North Carolina,* and ordered to the *Mahopac.*

Act'g Ass't Surgeon C. M. Slack, from the *North Carolina,* and ordered to the *Pembina.*

Act'g Ass't Surgeon Ira L. Davies, from the Navy Yard, Washington, and ordered to the Potomac Flotilla.

Act'g Ass't Surgeon A. R. Holmes, from the *Pembina,* on the reporting of his relief, and ordered North.

Act'g Ass't Surgeon B. Sencig, from the Navy Yard, Washington, and ordered to the *Commodore Morris.*

Resignations Accepted.—Act'g Ass't Surgeon R. W. Gifford, of the *Tallahatchie.*

Act'g Ass't Surgeon P. H. Pursell, of the *Flambeau.*

Act'g Ass't Surgeon Benjamin F. Brown, of the Naval Battery, Morris Island, S. C.

Act'g Ass't Surgeon Robert W. Clark, of the *Commodore Morris.*

Promoted—Act'g Ass't Surgeon A. B. C. Sawyer, of the Potomac Flotilla, to Act'g Passed Ass't Surgeon.

MARRIED.

Belden—Hodges.—On Wednesday, May 3, by Rev A. H. Partridge, Roswell K. Belden, M. D., and Louise, only daughter of A. B. Hodges, all of Brooklyn, (E. D.) N. Y.

Hagy—Levering.—On the morning of May 2d, by the Rev. Reuben Jeffrey, William Augustus Hagy, and Sallie S., daughter of Dr Joseph Levering, of Lower Merion, Pa

Hatton—Foulks.—In this city, April 27, in Ebenezer M. E. Church, by the Rev. C. Pearson, Dr. Louis Hatton, of Camden, N. J., and Miss Laura Virginia Foulks, youngest daughter of the late Rev. W. W. Foulks.

Walker—Whilldin.—On the 4th instant, at the North Broad Street Presbyterian Church, by the Rev. E. E. Adams, assisted by the Rev. Thomas Brainerd, Dr. J. Newton Walker, and Miss Jeanie S. Whilldin, both of this city.

DIED.

Chester.—In this city, on the 4th inst., Frances Mary, wife of the Rev. William Chester, D. D., and daughter of the late Samuel White, M. D., of Hudson, N. Y.

Darrach.—In this city, on the 6th instant, Dr. William Darrach, in his 69th year.

Jones.—In this city, suddenly, on the 3d instant, Mary E. daughter of Dr. Z. Ring and Almira Jones, in the 5th year of her age.

Trivett.—At Poughkeepsie, N. Y., on Friday, April 21, after a brief illness, of congestion of the brain, in his 25th year, Henry Trivett, youngest son of Dr. Elias Trivett, of that place.

Uglow.—At Beaufort, S. C., on Monday, March 27, James Uglow, Surgeon of 26th Regiment U. S. Colored Troops, and formerly of New York.

ANSWERS TO CORRRESPONDENTS.

Dr. G. L. S. P., Lookout, Md.—Flint's Phys. Exploration of the Chest; Flint on the Heart; Toynbie's Aural Surgery, were sent by mail, May 4th. (Wythe's Microscopical Manual out of print.)

METEOROLOGY.

May	1,	2,	3,	4,	5,	6,	7.
Wind	N E.	N.	N. W.	W.	S. W.	E.	W.
Weather	Cl'dy. Rain.	Clear.	Clear.	Clear.	Clear.	Cl'dy, Rain.	Clear
Depth Rain	7-10					5-10	
Thermometer.							
Minimum	50°	38°	45°	44°	49°	51°	49°
At 8 A. M.	52	50	58	56	62	55	62
At 12 M.	51	58	61	64	67	56	64
At 3 P. M.	51	59	63	65	70	55	65
Mean	51.	51.25	56.75	57.25	62.	54 25	60.
Barometer.							
At 12 M.	29 9	30.	30.1	30.2	29.9	29.9	30.

Germantown, Pa. B. J. Leedom.

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☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.